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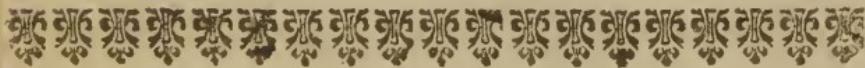
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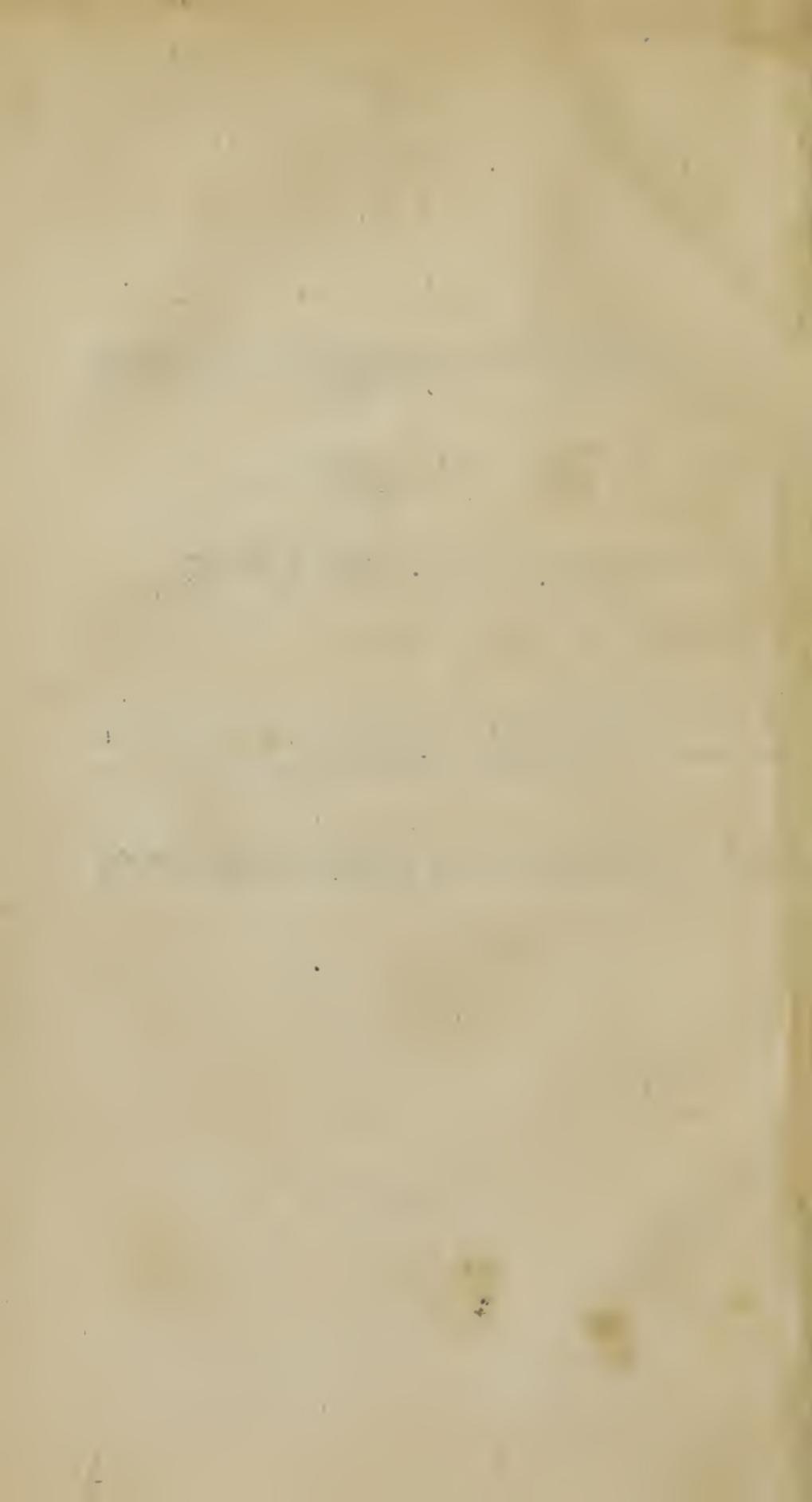
W A S H I N G T O N, D. C.



Dr. *Douglaff's*
Practical H I S T O R Y
O F

A New Epidemical Eruptive Miliary Fever,
with an Angina Ulcusculosa, &c.





THE
Practical HISTORY
OF

A New Epidemical Eruptive Miliary Fever, with an Angina Ulcusculosa

Which

Prevailed in *Boston* New-England in the Years 1735 and 1736.

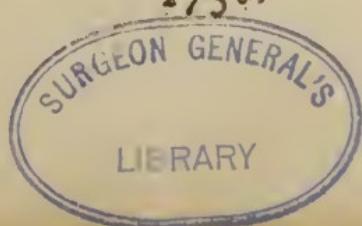
By William Douglass, M. D.



BOSTON, N.E.

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1736.



T O

A Medical Society

in Boston.

Gentlemen,

THIS Piece of Medical History does naturally address it self to you, considering that I have the pleasure of being one of your number, that you have been fellow labourers in the management of this distemper, and therefore competent judges of this performance, and that where difficult or extraordinary Cases have occurred in any of your private practice, I was favoured to visit the Patients in order to make a minute clinical enquiry: in short, without your assistance this piece would have been less perfect, and not so well vouched.

As this distemper continues to spread and prevail in several Towns of this and the neighbouring Provinces, I thought it might prove a piece of humanity and benevolence, if after many months diligent observations made in most of the varieties which occur in this Illness, I did endeavour to reduce them to some easy distinct Historical and Practical Method. The vanity of appearing as an Author or writer was no inducement, because we all know that in a plantation life neither honour nor credit are to be acquired by writing. It is not published by way
of

of a Quack bill to procure Patients and their money, as has been the practice of some void of modesty and truth; because the Distemper is almost over in Boston, and while it prevailed here I could not well have attended more patients than what I had from time to time under my care, and make with attention the proper observations at the same time.

A secondary reason for my writing is, to induce some Gentlemen of the profession in our other Provinces and Colonies, where this distemper does or may prevail; to give some account of its appearance with them, in order to discover what influence, progress of time, varieties of climate and Soil may have in the phænomina of this disease. This method, of taking things originally that is from the life, if pursued (but by abler hands) in the Epidemical Distempers which may from time to time happen amongst us, may be of considerable advantage in Physick.

A Speculation that is a novelle might have been composed sooner, but not a real History: for as amongst Naturalists, many repeated observations and experiments are requisite to form established truths or conclusions; so it ought certainly to be in the practice of Medicine, where no affair of Speculation or curiosity, but the life and death of a fellow Citizen is the object of our enquiry.

Yours, &c.

William Douglaſs.



The Practical History of a new Epidemical Miliary Fever with an *Angina Ulcusculosa.*

THIS Distemper did emerge 20th. May, 1735. in *Kingston Township* 50 Miles Eastward from *Boston*; it was no foreign importation, *Kingston* being an inland place, of no Trade or considerable communication. The first seized was a child who died in three Days Illness; about a Week thereafter in another Family at four Miles distance, three Children were seized successively, and died also the third Day; it continues spreading gradually in that Township, seizing here and there particular Families with that degree of violence, that of the first circiter forty decumbents none recovered as we were informed. It was vulgarly called the *Throat Illness*, or a *Plague in the Throat*, and alarmed the Provinces of *New-England* very much. Some died of a sudden or acute Necrosis; but most of them by a Symptomatick affection of the *Fauces* or *Neck*; that is by *Sphacelations* or corrosive *Ulcerations* in the *Fauces*, or by an *infiltration* and *tumefaction* in the *Chops* and fore part of the *Neck*, so turged, as to bring all upon a level between the *chin* and *sternum*, occasioning a *strangulation* of the Patient in a very short time.

After a few Weeks it spreads into the neighbouring Townships, but with more mildness. The first

first appearance that we can recollect of it in Boston, was 20th August on a Child of Capt. Stannys at the North End; having white specks in the Throat, and a cutaneous efflorescence: A few more in the same Neighbourhood were seized in like manner, about the same time. Towards the end of September it appeared in several parts of the Town, with a complaint of soreness in the Throat, Tonsils swelled and speckt, Uvula relaxed, slight Fever, flush in the Face, and an Erysipelas like efflorescence on the neck, chest and extremities; but being of no fatal or bad consequence, nothing more than a common cold was suspected. Our first alarm was from a young Man How AEt. 20. in the beginning of October: His History runs thus; He was lately arrived from Exeter to the Eastward, where his Brother died of this Illness; his Symptoms were great prostration of Strength, a speck in one of the Tonsils, colliquative Sweats, Pulse not high and full, but low, hard, stringy, unequal and more frequent than natural, deglutition good to the last, no Sphacelation in the Throat, no eruption; from a rash inconsiderate opinion of forcibly quelling the Malignity, he was thrice let Blood, had some Emeticks and Catharticks administered, and by profuse evacuations was gradually reduced, so as to die of a gentle decay of natural Strength, the 6th Day of Illness.

Beginning of November it spread considerably in Boston, especially amongst Children, with more violent Symptoms, and severals die of it in various Periods: it seemed to be at the hight, as to Numbers ailing and quantity of Deaths, the second Week of March; that Week there were 24 Burials, whereas *communibus annis* in that Season they are only 9 or 10 per Week.

It is generally in so considerable a Degree *more favourable in Boston*, than in the Townships where it first prevailed; that many can scarce be persuaded of its being the same Distemper: It is nevertheless essentially the same, there is no Symptom, even the most malignant that has appeared in *New Hampshire*, but what the like has occurred in *Boston*: Perhaps *Boston* dry healthy air, good feeding, constitutions less *Psorick*, and the better management of the Sick, favoured us; the reasons for its proving more mortal in the other Towns, may be, the Country woodland and fresh water damps, (the Sheep in fenny lands are most susceptible of and suffer most by the *Rot*) their coarse Food, salt Pork diet, *Psorick* Constitutions, (which is one of the principal *Endemial distemperatures in New-England*) bad Lodgings, and that *mischievous Practice* of using this Distemper with profuse evacuations, whereby the laudable and salutary *cuticular eruption* has been so perverted as to be noticeable only in a few, and in these it was called a *Scarlet Fever*; the great prostration of Strength essential to this Distemper is so much increased, as to render *Nature* an under match for the assault of this Illness and its consequences. In fact to the Eastward in some Country Towns, at certain times have died 1 in 3 of the Sick, in others 1 in 4, in scarce any fewer than 1 in 6, whereas in *Boston* not above 1 in 35 have died.

As in most *Epidemical acute Illnesses*, especially *eruptive Fevers*, (witness the *Small Pox*) so in this, are very many varieties or degrees, from the most gentle and *benign* to the most *malignant*. *Symptoms* did vary chiefly from something inscrutable in the *Constitutions* of Families and Persons; the *Scrophulous and Psorick* were the most susceptible of it, and

did suffer most by it ; the *Regimen* had a considerable influence, here some who might have survived the natural *Symptoms* did succumb by profuse U. S. and other evacuations, one of the most essential Symptoms of this Distemper (as before hinted) being great prostration of Strength. In so great variety it is not possible to give any concise scholastick description, which may comprehend all : We shall therefore, as a Standard first describe the most frequent sort, as it appeared in good constitutions.

A previous listlessness and languishing countenance for a Day or two, or some other prænuncia as u. g. wet Nurses loosing their Milk. The first attack is somewhat of a chill or shivering ; soon after follows Head ache or some other versatile spasmodick pains, as pain in the back, joints, side, &c; a vomiting or nausea, or in some constitutions which are not easily provoked to vomit, only a certain uneasiness or sickness at Stomach ; at the same time the *Uvula* but chiefly the *Tonsils* were tumified, inflamed and painful, with some white specks ; then follows a flush in the Face and some miliary eruptions there, with a benign mild Fever, the same efflorescence soon after appears on the neck, chest and extremities ; the 3d or 4th Day, Eruption is at the hight and well defined with fair intervals ; the flushing goes off gradually, with a general itching ; and in a Day or two more the cuticle scales or peels off, especially in the extremities : At the same time the cream coloured sloughs or specks in the *Fauces* become loose and cast off, and tumefactions there do subside. The Tongue from the beginning is fur'd as in a Mercurial ptyalism, urine high coloured, Blood by U. S. more florid than natural, in the whole course of the Distemper a very great prostration

tion of Strength, and faintness upon recovery, nervous pains and weakness in the joints, particularly in the neck, wrists and ankles; universal tenderness to the touch; a tickling guttural cough, some short Hectick flushings, and loss of *en bon point*. As in the Measles there is a peculiar smell, so in our Distemper the *effluvia* from the Patient have a proper smell; in Children as it troubled with *Worms*, in grown Persons the rancid smell of foul Bed Linnen. The alvine excrement is of a dark cast and very fetid.

This Standard kind when left to nature, with a warm soft Regimen, had generally an easy and salutary course in six or seven Days; but when by a hot cordial method, or on the other extreme, by being too much exposed to the cold, or by officious profuse evacuations Nature was disturbed in her Work; the Distemper was protracted, or some consequential ailments from an imperfect defecation ensued.

Where Nature required any assistance, the principal intentions were with regard to the cuticular eruption and the *ulcuscula* in the Throat. Any Affection of the Throat does frequently produce a natural ptyalism: Mercurials used with discretion are a kind of specifick in such like ulcers & *ulcuscula*, and in fact here they moistened the Throat and Mouth, stopt the spreading of the *ulcuscula*, and promoted the casting off of the sloughs; and as an accessory advantage (the Patients being mostly Children) destroy'd *Worms*: amongst all its preparations Calomel answered best, the gentle vomiting or few stools that it occasioned in some, did not confound the natural course of the Distemper: Turbith proves generally too strong a revulsion, and the Eruption is thereby too much diverted; this

Distemper did not well bear any other evacuations but *Mercurials*. Any detergent *Gargle*, with an addition of the *Tincture of Myrrh and Aloes*, was of good use, especially for the *Ulcuscula*, and did promote the discharge of a ropy Phlegm lodged in the *Fauces*. As to the *cuticular efflorescence*, it was not a scarlet *suffusion*, but a *miliary* palpable eruption, or in lieu thereof in some constitutions a continued gentle breathing *Sweat*; and in a very few, who have naturally a *liberior transitus* by the *Pores* than is usual, no sensible cuticular excretion; in all the morbid *effluvia* discovered themselves by their peculiar smell: These were with good effect solicited by *Snake-root Tea*; or (as in some Persons) where this did occasion an *ardor* or burning heat, instead of a breathing mellow *Sweat*, *Sp. C. C.* or any other volatile Spirit in small *Herb Teas* answered well. *Blisters* and *Suppedanea*, in the beginning where Symptoms were not violent, occasioned a protracted Eruption; in some immediately upon their application, the Eruptions vanished or became less vivid. When the Eruption began to decline a few *loose Stools* were very refreshing. The Patient being up, and having recovered a competent degree of Strength, is to be purged once or twice, to carry off any feculency that may have remained in the Blood and Juices.

For a more distinct conception of the *varieties in this Distemper*, they may be reduced to three *Classes*.

I. Those who die the first, second and third day of Illness, by an irremediable *Necrosis of the Economy*: in such the Seizure is generally sudden, a sinking pain at the Stomach, an extreme prostration of Strength, a titubating low pulse, in some a stupor, in others a delirium, in some children

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convulsions, and all of them generally die dozie : they are attended with some *colligation*, as continued vomiting, purging, profuse Sweats, bloatedness of the habit, an infiltration like that of the *Mumps* vulgarly so called, one or more of these : in general the texture of their blood and juices is much destroy'd and rendred an incoherent puddle of corruption ; in fact immediately upon (sometimes before) their *exit*, they have an intolerable *fætor*. In this Class U. S. and other evacuations did accelerate death.

II. Those where the distemper has its common or ordinary course ; here the 6 or 7 day seems to be *critical*, and the Symptoms of death or recovery do generally then begin to manifest themselves. Some by peculiarity of constitution, and from improper administrations do die or have an incipient recovery sooner : others for the like reasons or some particular accidents (u. g. if about the time of regular *menstruation*, the complicated fret occasions worse Symtoms, and of longer continuance) have this period protracted and in such (where death is inevitable) the Symptoms of death may continue a day or two longer, that is the Patient may die the eighth or ninth day. All who continue ill after that period, belong to the third Class, that is of consequential ails.

The Symtoms of *bad Omen* in this Class, are very great prostration of strength, dejection and despondency of mind, titubating low pulse, incessant vomitings purgings or sweats, Tonsils much inflamed endangering strangulation, the specks in the *Fauces* of a brownish or leaden colour, or ragged and jagged, a continued *jactantia* in some, in others a *stupor*, refusal of *assumenda* even of diluting common

mon drinks, a dry parched skin, Eruptions appearing and disappearing alternately, Eruption universal of a dark redish cast continuing crude many days (because in this as in all eruptive Fevers, the darker or more livid the efflorescence, the more malignant) where the miliary pustles are large, distinct and pale like a chrystatine Small-Pox; where strong Cordials and Alexipharmicks have been used, the face, eye-lids, arms, hands, legs, feet swell, and are of a dark red complexion, as in the most malignant Small-Pox; in children if the *velum Palati* be much affected, with an *ichorous* discharge by the Nose; where many mucous linings are expectorated, resembling the cuticle raised by Vesications; when pus was brought up, where no sloughs or exulcerations could be seen in the *Fauces*; where without any difficulty in swallowing, this affection has reached down the *Bronchia* unto the Lungs with the Symptoms of a *New-England Quinsey*, and was erroneously deemed such: the deeper in the *Thorax* the complaint the greater the danger: in some young children with scarce any appearance in the Throat, spreading Ulcers did form behind the Ears in the place where Infants have a natural Issue or running. In some the Tongue did throw off a slough or *Exuvia*, retaining the impressions of the Papillæ; being a *Mucus* inspissated, and of the same nature with those mucous linings expectorated from the *Bronchia* or *Oesophagus*. Some have had imposthumations in the *Fauces*, with a fatal strangulation; while others have escaped by the discharge of *Ichorous* curdly matter. Some especially of the adult female kind, have had *Hysterical* or *Nervous Suffocations*; but of no bad consequence, unless officiously and ignorantly treated with U. S. and other evacuations. The

The Fever is seldom too high, sometimes it is too low for a thorough laudable Eruption. If the Fever is too high, if the patient is plethorick or accustomed to U.S.; take away some Blood but with discretion; if the *Tonsils* are much inflamed with great pain and difficulty in swallowing, use U.S. in the *Jugulars*, Epispasticks ad *Nucham*, encourage the Eruption, or its *succedaneum* a breathing sweat; a profuse *sudor* is equally to be avoided as a continued *Diarrhea*, either of them confound the distemper in its natural course. In case of colliquations give *ol. Cinamomi, decoct. Alb. Elixir Vitriol, torrified Rhubarb* and the like. As to the specks or sloughs in the *Fauces* (they cast off in course in the benign kind) *Mercurials* inwardly, and the *Gargles* before mentioned topically, are useful; the practice in some Country places of separating them forcibly by *spatulas* is hurtful, because the irritation occasioned thereby induces a further flux upon the part, and the sloughs form again worse conditioned than before. Where the Brain is affected as in *Vigiliae, jactantia, delirium, Coma, stupor, &c*; glysters, *Vesicatorys & suppedanea* are to be used. Where faintness or great prostration of strength, give toasted Bread soaked in some generous Wine and Water, or volatile Spirits in their common drinks; *Bezoars, Testacea* and the like are of no use, the Shop *Cordial Juleps* and mixtures are only sugar'd drams. To enumerate all the other accidental Symptoms which do happen here, in common with other acute diseases, would be trifling.

III. Consequential ailments, which may be enumerated as in the following articles.

1. *The natural Effects of an intense corrosive scorbutick*

butick like colligation of the Blood and Juices. Anasarcaous swelling or blotednes of the face, in some to that degree as to shut up the Eyes; the same Oedematous swellings in the extremities; in a few an Infiltration in the Scrotum; in some Petechiae, Purple spots, scorbutick like sugillations upon the least scratch or bruise; hemorrhages of all sorts, by the Nose, from the Lungs in expectoration, by Stool, by Urine, Proflusiums in Women tempore non debito; these are dismal phænomina in the state of any acute Fever, u. g. Small-Pox, and scarce any recover; but in our dittemper being only short temporary consequential ails, scarce any of them proved mortal, but gave way to a soft milk diet, in some to Cortex Peruv. or Elixir Vitrioli in others; a Girle æt. 14. with hemorrhages of several sorts, with Purple spots, and scorbutick like sugillations, recovered, notwithstanding of a very loose Regimen. N. B. These were not to be attributed to the Mercurial administrations, because they equally happened to those who had taken no Mercury.

2. Where the defecation has not been compleat, from want of natural strength, or from catching cold, or from undue evacuations: the reliquæ were thrown off by Urtications, by Vesications in several parts of the Body, by serpiginous eruptions chiefly in the face, by purulent Pustules, by Boils, by swellings and imposthumations in the groin, armpits and other parts of the Body. The most frequent consequential ail of this kind is, when from cold received, the glands and cellular tegument called the *panicula adiposa* in the fore part of the neck becomes infiltrated and obstructed; if not soon resolved by the continued fatus of warm woollens and hot animating applications; the induration increases

creases and spreads every way, so as to suffocate some, in others they sphacelate and become Ulcers mortal or of difficult cure: thus a few have died with us in Boston, but many in the Country. By catching cold likeways the *Tonsils* have afterwards inflamed and come to suppuration: In a young Woman the *Tonsils* and *Uvula* being much ulcerated, did unite and coalesce into one mass and remain so; this might have been prevented by frequent gargling.

While these indurations are only in the form of *Kernels* as they are vulgarly called, woollen mufflers, *Empl. de Ranis cum Mercurio* and the like, with gentle *Catharticks*, soon resolves them. *Cataplasms* in this case have done much mischief; because so soon as they are become cold, they act as a chilling damp upon the part, and destroy its vitality. When they arrive to the state of putrid flaccid Ulcerations, digestives and hot fomentations intenerate the part and occasion the Ulcer to spread; spirituous animating desiccative dressings have done better. Exposing the part to the cold, either in state of Tumefaction only, or in the subsequent ex-ulcerations aggravates the ail.

3. From the violence which the Nerves have suffered in this Illness; even where the Symptoms were apparently mild, they all complain of great faintness and Universal weakness, particularly in the joints. Some Women have Hysterick affections, in a few upon recovery imbecility of mind or silliness, in some stammering or loss of Speech for a few days, some have had short fits of Melancholy, some were seized with Epileptick fits, but not so as to become habitual. All these disorders soon vanished, as the Patient recovered his Strength in course of time,

and by the help of a restorative cordial *Regimen* and diet.

4. Other consequential ails in common with other fevers; particularly where the Strength of nature has been much impaired by the distemper it self, or by immoderate evacuations, the Patient is left in a languishing weakness. Where the Eruption has been impeded by being exposed to the cold, or by unseasonable *V. S.* or *Catharticks*; the patient falls into *Hectical wastings*, fatal to some in a very short time. All who underwent immoderate evacuations, were a long time in recovering of their Strength.

SCHOLIA or some general remarks upon the whole.

1. This seems to be a new kind of *Epidemical disease*. It is not the same with the *Aphtha* which have at times prevailed in *Holland*, as described by *Forestus*, and mentioned by *Boerhaave* in his *Colleges*. *Tournefort* says there is a distemper not uncommon in the *Lewant*, viz. a Carbuncle or plague sore in the bottom of the Throat; it carries off children in a few days, but does not affect grown People as does ours. *Capt. Morton* of late *Plymouth Colony*, who wrote many years ago his *New-England Memorial*, says that an. 1650. a disease in the Mouth and Throat prevailed, which proved mortal to many in a short time; but he does not describe it, and mentions nothing of a Fever. In *Boston November 1719.* a slight milary fever chiefly with children, but was over in two or three days, unless by catching cold it continued appearing and disappearing alternately for some days longer; there was no complaint of the Throat, and no deaths ensued. It is not the same with the sore Throats which are observed from time

time to time in some of our Country Towns, especially in the Winter season: these are Endemial and constitutional, being tumefactive and exulte-
ratiou with fluxion in the *Fauces* and Neck; pro-
ceeding from an intense scropholous, scorbutick, or
Pforick habit (in such subjects vesications by *Can-*
tharides did putrifie) without any Eruptive fever:
ours have generally an Eruptive fever or tendency
that way, so that of those who have died in *Boston*,
not above one in seven died of any Throat ail, but
of this fever. It is however observable that the
Scrophulous and Pforick, are most susceptible of
this distemper, and suffer more remarkably.

2. This Epidemical distemper is no creature of the
Seasons, it having prevailed from May 1735. when
it first emerged, the whole year or all the Seasons
round. It is no produce of peculiar climates and soils,
because it hath made its appearance in various places
from *Pemaquid* in 44 N. Lat. to *Carolina* South-
ward, and as we are lately informed, it is in our
West India Islands. It is remarkable that in damp
places, as near large Ponds, fresh water Rivers,
woodlands, and the like, it has done the greatest
execution, as does the *Rot* amongst Sheep in fenny
Lands.

It is not personally infecting after the rate of the
Plague, Small Pox, &c. where every Person is sus-
ceptible, excepting a very few anomalous constitu-
tions. Children are the most obnoxious to any
infection; but with us several Children in the
family, where the distemper appeared, have escap-
ed; it is true where it happens in a family, it fre-
quently seizeth severals, as is the case with our
Country Peripneumonick Fevers, and our Autumnal
remitting slow Fevers, which cannot be said to be

contagious. The distance in time of Infection to be supposed received from a sick Person, to the time of the distemper's appearing in the supposed infected, could never, with any reasonable allowance of latitude, be reduced to any rule, as in Small-Pox, Measles, &c. We have *Anatomically* inspected Persons who died of it with so intense a *fætor* from the violence of the disease, that some Practitioners could not continue in the room; but without being infected our selves or carrying it into families. Many children without reserve, frequent the houses and chambers of the sick, and escape. It does therefore proceed from some undiscovered quality of the air, affecting only peculiar constitutions of persons and families: notwithstanding of its being generally favourable, it proves fatal to certain families; many families for this reason have buried all or most of their children, u. g. Boynton of Newbury-Falls lost his eight children, at Hampton-Falls in 5 families died 27 Persons:

3. This is a very anomalous Illness, some complain a day or two before they are confined, some are seized as it were instantaneously, it is generally most severe with these last. In some a soreness of the Throat and darting pain there, reaching the Ears, is previous to all other Symptoms; in others the common Symptoms of a fever appear, before any inflammation or specks are perceptible in the *Fauces*. Some have a sore Throat without any perceptible eruption, only a gentle breathing continued Sweat, or an increased insensible perspiration with the peculiar smell of the morbid *effluvia*. Some (but very few) have the cuticular eruptions without any sloughs in the Throat; only the *Tonsils*, *Uvula*, and *Velum Palati*, tumified and inflamed; and in a few,

a purulent discharge from some parts deeper than the *Fauces*, that is lower than the sight can reach, these are not without danger. Many of those who died early of a *Necrosis*, had no tumefaction, inflammation or specks in the Throat.

The time of Eruption is very uncertain; in a very few it precedes the soreness of the Throat, in a few it goes *pari passu* with the affection of the *Fauces*; but generally it is (not much) later than the first complaints of the Throat, in a young Woman it was later by 14 days.

In ruddy complexions the efflorescence is very discernable; it is not so distinctly perceptible in Brunets, Indians, and Negroes; unless the miliary Eruption have a considerable *Relievo* as in some, they generally scale and peal notwithstanding. Sometimes it appears only in the cheeks, sometimes only a few clusters in the extremities. Sometimes the *suffusion* was scarce miliary and vanished insensibly by becoming gradually paler without scaling. Where the Miliary Eruptions were considerable, the extremities peel in scraps or strips like *Exuviae*; in one or two the nails of the fingers and toes did cast off. The period or continuance of Eruption is sometimes prolonged by weakness of nature, by undue evacuations, or by the Patients being exposed to the cold.

4. In some who were very slightly affected, their Illness was of a much shorter continuance, than is described in the Standard kind. Most of those who died of the Physician died by immoderate evacuations. As to the deaths, only a few were occasioned immediately by any distemperature of the Throat; they were generally the effect of the Fever, either by an immediate *Necrosis* at first seizure, or by the or-

ordinary fatality of Fevers, or by consequential ails. In Boston at a medium of the last eight healthy years (1723. 1724. 1725. 1726 1727. 1728. 1732. and 1733) in the Months of October, November, December, January, February, March, April to 18th May, died pr. an. 268 Whites and Slaves; this year in the same space of time died 382, is 114 extra deaths, and may be reasonably charged to this illness, it being otherways a healthy time: of these 114. about 71 cases came to my knowledge, whereof in the first period died 35, in the second period 28, and of consequential ails, 8. Of these 71, only about 10 can be said to have died of sore Throats. Of these 71 only 9 were upwards of 14 &c. According to the nearest estimate I can make in round numbers, about 1 in 35 have died, that is about 4000 Persons in Boston have had this distemper, which is about one 4th part of the Inhabitants.

5. The Summer 1735 was unusually wet and chilly with many Easterly winds, in the Summer & Autumn it prevail'd and was very mortal in several Country Towns. In Boston it began in Autumn, but did not prevail until Winter, which was not rigid with hard frosts as is usual, but with a very disagreeable chill in the air, especially in the Month of March last, in which Month was our greatest Mortality.

6. Most Malignant distempers affect to throw off their malignancy by some Emunctory. The desquamation of this acrid inunction of the juices in our distemper, that is, its natural Crisis, seems to be by the patent and salutary Emunctories of the Fauces and skin. In corrosive taints, u. g. Venereal and others, a Mercurial ptyalism and sudorifick decoction of the woods, answer best; this gave us the hint of promoting the

the tendency of nature in our Illness, by Mercurials, and gentle breathing Sweats a bed ; which with good management seldom fail'd, excepting where the *Necrosis* was irremediable from the beginning.

Some affection of the Throat seems to attend most kinds of *Eruptive Fevers*. In the *Small-Pox* (even where the pustules and other Symptoms were in the smallest degree) they all complain of a soreness of the Throat, but without ulcerating. In the *Measles* there is a hoarsness, and soreness of the Throat. In ours besides the soreness, tumefaction, and inflammation in the *Fauces*; there are specks or sloughs of a mellow white or *Cream* colour, like those on the inside of the cheeks in a Mercurial ptyalism; the *Scrophulous* and *Venereal* ulcers in the Throat are yellow; *Aphthæ* are more of the nature of *phlyctenæ*; many of our Patients complain of a copperish taste or peppery smart in the Throat, as they express it.

7. As in all other distempers so in this there do sometimes happen violent Symptoms, meerly from the Regimen and Medicines used; which on that account are not of that bad consequence, as if they had proceeded from the distemper in its natural course u. g. in some constitutions a *Turbith bolus* operates with violence, so as to occasion shiverings, torsions of the Bowels, and Spasms, as if the Patient were moribund: *Calomel* even in very small doses seizeth the Mouth of some to a very considerable degree of inconveniency.

8 We did not observe any genuine second seizures. It is true, being Winter Season, many common sore Throats, that is, relaxations of the *Uvula* and inflammations of the *Tonsils*; have passed with the less observing practitioners, for the genuine Epedemick

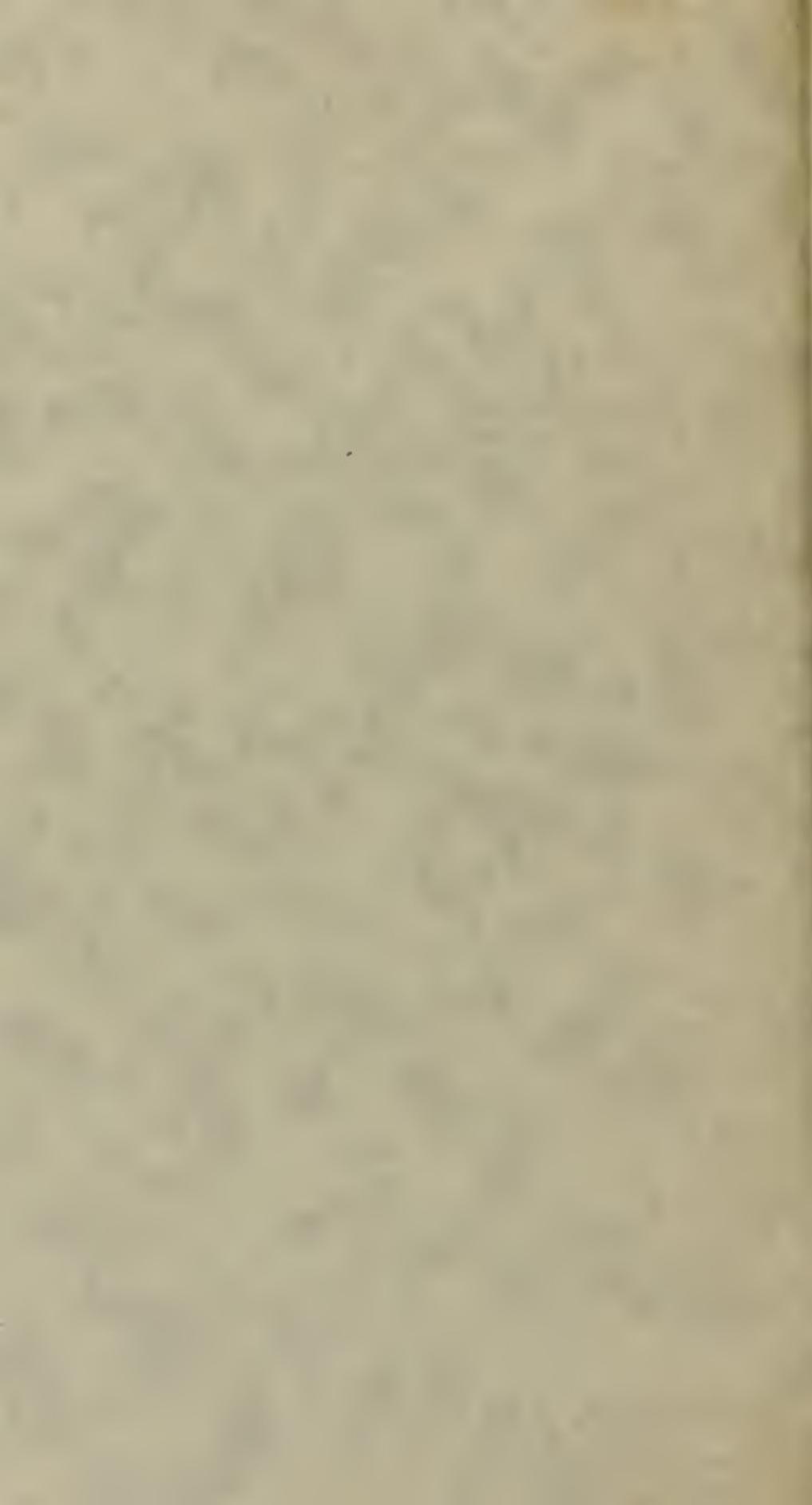
demick and were used accordingly ; such have afterwards had this Illness, and was erroneously called a second seizure. N. B. Our Epidemick is attended with no cough, unless when complicated with a cold or some old habitual *Tussis* : upon recovery, it leaves frequently a small *catarrhous* colliquation or cough, but of short continuance.

In some after being well, upon catching cold, the *Tonsils* have been inflamed even to suppuration ; in others the *Uvula* and *Velum Palati* infiltrated and some *phlyctenæ* or common *Aphthæ*, have appeared. Such have also by some been deem'd as second seizures, and used as such.

After a long continuance of cold chilly Weather, there set in suddenly warm Weather hot as mid Summer. May 25th, 26th, &c. several children, who formerly had this Eruptive fever, have an efflorescence or miliary eruption by the heat, as is not unusual with chlldren in hot weather : this was by mistake of some practitioners and others, called a second seizure.

9. No conditions of Mankind were exempted (in our Epidemical Autumnal dysentery A. 1734. the Negroes escaped) Europeans, West-India Islanders, Indians and Negroes, of all ages, were equally subject to it: but, as in most Epidemical diseases, it affected Children and the younger Persons more generally.

10. This is a Real History of the distemper as it appeared in Boston New-England, taken clinically from the life and not copied. There is no stroak or clause, but what I can vouch by real not imaginary cases. It is founded only upon observations or *phanomina*, that is upon the Symptoms that appeared in the course of this Epidemical disease ; it must therefore be of permanent truth.



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